

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038618

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381

Primary Registration District No. 6181

Registrar's No. 77

FILED SEP 30 1963

VS 300
Rev. 4/59

1 1050

2 1050

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4 0

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9 120.1

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11

12 90-0

13 20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Penn Twp.		Length of stay in 1b 26 years	c. CITY OR TOWN Green Castle
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 mi. S. Green Castle
3. NAME OF DECEASED (Type or print) First Ernest Middle Isaac Last Hoerrmann		4. DATE OF DEATH Month Sept. Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/5/1890
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming	
11. BIRTHPLACE (City and state or country) Loeffler, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Martin S. Hoerrmann		13b. MOTHER'S MAIDEN NAME Laura Miller	
14. NAME OF HUSBAND OR WIFE Augusta Hoerrmann		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) No	
16. INFORMANT Mrs. Dova Blanchard, Florida		17. ADDRESS Sarasota, Florida	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) known to have had DUE TO (c) cordia trouble			INTERVAL BETWEEN ONSET AND DEATH in bed 3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) lightning fire in field			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9-19-63 m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Singmaster (Degree or title) coroner		22b. ADDRESS Green Castle	
22c. DATE SIGNED 9-24-63		22d. LOCATION (City, town, or county) (State) Green Castle, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/26/1963	23c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery	
23d. LOCATION (City, town, or county) (State) Green Castle, Mo.		23e. DATE RECD. BY LOCAL REG. 9-27-63	
24. FUNERAL DIRECTOR Glenn E. Felt		25. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Archibald Wade

Licensed Embalmer No. 3037

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.